Dear Friends and Colleagues,

I am honored and privileged to be able to take a few moments and write about the amazing work our nurses do for the NCH Healthcare System. In preparation for writing this letter, I began reviewing what statistics and data points I could highlight and quickly recalled the profound impact nurses have made on me through my observations. When I see what our nurses do at NCH, I am reminded that their work is much more powerful than just the “numbers.”

During my daily rounding on the units, I am able to witness, first hand, what the nurses do each and every day to improve the lives of our patients. It truly is a great opportunity to be a nurse for the NCH Healthcare System and I am fortunate to be able to see the driving influence that our entire nursing team has made on our organization, our community and in our profession.

Our nurses’ creation of our care delivery system is just one example demonstrating their efforts in setting the tone for how we want our environment to be. That environment not only influences each of us to leverage best outcomes, but more importantly, directly influences our patients and their families in helping them “to live a longer, healthier life.” Our nurses’ engagement in developing our care delivery system was instrumental in creating the foundation of our culture and placing our patients and families at the center of all we do.

The nurses also embarked on implementing a nursing peer review model in 2016. This effort demonstrated their commitment to personal and professional growth. The model evaluates nurses against professional standards that are integrated with our nursing professional practice model. Evidence supports that participation in peer review increases nurses’ autonomy and results in improved outcomes, such as reduced mortality, and higher patient satisfaction rates.

In A Message from the President and CEO, Dr. Weiss states, “NCH nursing has so much to be proud about as we care for this generation grows the next,” I will follow with another quote:

“Serving my generation with excellence will mean in turn, my generation can lead with excellence.” - Onyi Anyado

I am proud and humbled by our nurses’ skilled work and compassion. I am fortunate to work for and with each of our nurses’ and look forward to the excellence our future holds for us.

Jon Kling, BSN, MBA, RN, CCRN
Chief Nursing Officer
Dear Friends and Colleagues,

Experiencing an illness or admission to a hospital can be among the most vulnerable experiences of one’s life. Having the most trust-worthy professional in society—namely a competent, caring, and compassionate nurse—at your side is very comforting.

Our team of nurses and colleagues has been busy this past year. At NCH we have 1,400 RNs, 205 Clinical Technicians, 138 Unit Secretaries, and 2037 other colleagues focused on caring for 39,000 admissions, 111,000 emergency room visits, 3,600 births, 395 open heart surgeries, 12,000 surgical procedures and an astounding 335,000 out-patient visits with the NCH Physician Group.

Nursing is the heart of our complex and comprehensive care system. Key nursing accomplishments for 2016 include:

- Implemented nursing peer review—promotes nursing clinical proficiency, professionalism, and optimal patient outcomes
- Implemented the nursing care delivery system—promotes efficient, accountable delivery of nursing care
- Held nurse manager (10 managers graduated) and charge nurse leadership academies (25 CNs graduated) with an emphasis on leader development
- Applied for Magnet status (document submission goal June, 2018)—signifies our commitment to improving patient outcomes
- Submitted Pathway re-designation document
- Hosted Dr. Jean Watson lecture at Nurses’ Week—underpins our care delivery system with a focus on compassionate patient and family-centered care
- Presented 7 nursing posters at Florida Nurses Association Research conference (July)
- Presented 6 podium speeches and 13 posters at the Francine Gomberg Research conference (Oct.)—speaks to dissemination of our work as we bridge the theory-to-practice gap in sharing science projects and research activities
- Initiated 3 ongoing Nursing Research studies—speaks to our generation of new knowledge, adding to the body of nursing science
- Expanded scholarship opportunities to other employees seeking nursing degrees—supports our lifelong learning mission as a discipline
- Achieved NICHE designation (Nurses Improving Care for Healthsystem Elders)—highlights our commitment to serving our community members

NCH Nursing strongly advocates on-going education including 1,586 on-line classes. Over seven thousand students participated, finishing 143,708 courses. Additionally, 20 Nurse Fellowships and 68 Nurse Residencies were completed this past year. We trained 116 new preceptors and had 120 nurses advance on the professional clinical ladder. Philanthropic scholarships totaling nearly $21,000 supported many of the nurses.

NCH Nursing has so much to be proud of as we care for this generation while growing the next. No one wants to be sick; but if you are, you want an NCH nurse by your side.

Sincere thanks and with respect,

Allen S. Weiss, MD, MBA, FACP, FACR
President and CEO
Dr. Echevarria joined NCH Healthcare System in December 2015. She has had success in transforming nursing practice environments by fostering a culture of professional excellence and clinical proficiency leading to enhanced safety and quality of care delivery.

Gina has been with NCH for over a decade serving in progressive leadership roles. Her passion lies with improving nursing processes to improve both patient outcomes and nursing satisfaction.

Dr. Karnes represents Cerner Corporation within the IT Works division at NCH. She incorporates planning, implementing, and sustaining strategic organizational IT objectives while maximizing quality outcomes.
TRANSFORMING THE ORGANIZATIONAL CULTURE

Diane Brooklier
Director
Clinical Excellence and Education

Steve Cooke
Director
Invasive Cardio Services

Kathy Feeney
Assistant Director
Surgical Services
North Naples Hospital

Sue Graziano
Director
Neurosciences, Orthopedics, Oncology

Bernie Hinton
Director
Women and Children’s Services

Cheryl Holderfield
Director
Critical Care, Interventional Radiology Nursing, Dialysis

Sue Kimper
Director
Department of Psychiatric Medicine and the Nursing Registry

Wendell McClurg
Assistant Director
Northeast Emergency Department

Betsy Novakovich
Director
Emergency Services/ Marco Healthcare Center/Express Admit

Chris Raphael
Assistant Director
Emergency Department
North Naples Hospital

John Rogers
Assistant Director
Surgical Services
Baker Hospital

Barb Wegener
Director
Surgical Services

Kevin Smith
Director
Cardiac Services

Erica Szczepkowski
Director
Medical Surgical Services, Brookdale Venous Access & Admission Nurses

Harry Lawrence
Assistant Director
Emergency Department
Baker Hospital
Nursing Strategic Imperatives

- Exceed benchmarks for nursing sensitive indicators
- Achieve Pathway to Excellence re-designation
- Achieve Magnet designation
- Increase BSN rate to 80% by 2020
- Exceed patient experience benchmarks
- Enculturate nursing peer review
- Enhance leader competency and visibility
Collaborating Council:

Last year the Collaborating Council worked on creating a newsletter to keep staff informed of the happenings in Shared Decision Making. Unit Champion positions were updated, defined with a purpose, and a new application process was designed to promote motivated individuals into the role. The Shared Decision Making bylaws were formatted, updated, and approved to include new positions, definitions, and applications as well as commitment forms.

Professional Practice Council:

2016 brought a shift in vision, Culture Vision. Nurses worked diligently to test, evaluate, and utilize the Culture Vision cultural diversity tool that is currently used to enable meaningful patient and family interactions throughout the hospital. The process was very cumbersome and took a great deal of dedication and drive to complete the trial phase. This new product is live in the hospital for all staff to utilize.

Quality and Safety Council:

This team worked on many projects. The one nurses are most familiar with and are currently utilizing is the falls initiative project. This project was researched and developed by a bedside nurse and taken through the process until it became a standard of care within the NCH Healthcare System. This process was also utilized to demonstrate how our current Professional Practice Model is working and allows any nurse at the bedside to introduce change on a unit to system level.

Research and Evidence Based Practice:

Evidence based practice (EBP) is evident in all of our nursing care and throughout our healthcare environment. The council focused on enculturating EBP and making it fully educational, enabling nurses to grasp the concepts of research and evidence in a meaningful manner. They created a Computer Based Training Module for the staff and will be launching this module for nurses to utilize in the near future.

Patient Education Council:

The team worked diligently in 2016 on narrowing down the many patient education videos and finding the potential for nursing staff to navigate the smart room technology that makes us a HIMSS level 7 organization. They engaged staff and teammates in the utilization of the smart television programs as well as other educational tools.

Outpatient Service Line:

The outpatient areas are a vital part of our healthcare system. The Outpatient Service Line council worked diligently to update and expand the Professional Nursing webpage section dedicated to providing comprehensive information and resources to assist nurses with advancing their careers through education, advanced degrees and specialty certifications. This council collaborated with educators and liaisons and conducted research to identify nursing education standards that are required for an organization to succeed in achieving Magnet and Pathway Designation.

Cardiac Service Line:

When patients seek acute cardiac services there are many numerical values that drive our care. One of the most important values for a variety of reasons is patient weight. The service line created a system wide policy on tracking and obtaining accurate daily weights utilizing our current equipment and staff. The change allowed the cardiovascular medical staff to know that the trends in weight were accurate, up to date, and reliable.
Critical Care and Emergency Department Service Line:

Patients who present to the emergency room with limited or poor vascular access often have very detrimental results due to limited availability to get necessary infusions, medications, and treatments in a rapid and timely manner. The service line worked diligently on the development of a policy for Intraosseous Infusions within the Emergency Room environment until a more stable and long term solution could be used. This enabled rapid infusion of volume and necessary lifesaving treatments that were previously delayed due to hypovolemia and other intravascular complications.

Woman’s and Children’s Service Line:

The comfort behavioral scale was developed to give a better understanding of criteria for medications as well as a better understanding of infant and other age group comfort needs while under sedation. This scale enabled the nurse to note changes in behavior and other areas in which to modify so that the patient can get the necessary treatments, time with family support, and feedings. It enabled the nurse to more accurately monitor pain status while sedation is in effect.

“Nurses have enjoyed a variety of improved clinical processes as a result of their work on the shared decision making councils.”

- Jon Kling, CNO

Medical Surgical and Rehab Service Line:

Patient white boards are an effective way to communicate with patients and keep them updated on the plan of care throughout the day. New whiteboard templates were updated with the most relevant and necessary information at the forefront. This enabled the staff to update the boards efficiently and patients to easily view their plans of care.

Procedural Service Line:

With the plethora of areas in which the Procedural Service Line touches, it is important that information be clearly communicated and tasks be visible to healthcare professionals who might need to find them. The service line focused on streamlining multiple documentation and navigation screens. This enabled nursing to focus more on the patient in front of them and less on finding a particular piece of information.

Surgical Service Line:

Recent evidence revealed that hair clipping performed within the operating room potentially increases the occurrence of surgical site infections. This caused a practice change that focused on performing hair clipping, when appropriate, and in the preoperative stage. This practice decreased potential infectious material inside of the sterile field during and after operating room procedures and thus decreased surgical site infections, as well as length of stay.
Representing you from the Bedside to the Boardroom

Collaborating Council

Name: Alicia J. Kokkinos
Credentials: BSN, BS, CVRN-BC
Years as a nurse: 3
Department: Surgical ICU
Why you joined SDM: I wanted to make a difference in my nursing department and to provide a voice for my teammates and colleagues on my home unit.

Professional Practice Council

Name: Patricia Haines
Credentials: BS, ASN, ONC (orthopaedic nurse certified)
Years as a nurse: 11
Department: SS Orthopedics
Why you joined SDM: I want to empower nurses to make changes that effect our nursing practice. Over the years, I believe that these councils have succeeded in this mission.

Emergency Department & Critical Care Service Line

Name: Charles Ed Woodman
Credentials: MS, BSN, RN, CEN
Years as a nurse: 24
Department: Northeast ER
Why you joined SDM: I want to represent the nurses at the Freestanding ER and lend my experiences as an ER Nurse to the decision making process. I feel it is important that nurses have a voice in the SDM process.

Research and Evidence Based Council

Name: Millie Sattler
Credentials: DNP, RN, CCRN
Years as a nurse: 30
Department: Admit Nurse
Why you joined SDM: I believe in giving back and helping nurses grow professionally.

Patient Education Council

Name: Lisbet Ogaza-Ramirez
Credentials: BSN, RN
Years as a nurse: 5
Department: SICU
Why I joined SDM: To positively impact the process of patient care and overall satisfaction of both patients and providers.

Quality and Safety Council

Name: Meredith Burt
Credentials: BA, MSN RN-BC (med surg certification)
Years as a nurse: 12
Department: 5North
Why you joined SDM: To have a voice, advocate for change and practice autonomy in a continual evolving profession.
**Cardiac Service Line**

**Name:** Amy A. Yates  
**Credentials:** BSN, CVRN-BC  
**Years as a nurse:** 9  
**Department:** TCU- Transitional Care Unit  
**Why you joined SDM:** I like being able to come up with solutions to fix issues that come up every day with nursing. It's a place where nurses can make a difference in the organization.

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**Medical Surgical Service Line**

**Name:** Kimberly Stead  
**Credentials:** RN, SCRN  
**Years as a nurse:** 34  
**Department:** ICU/Clinical Resource Nurse  
**Why you joined SDM:** SDM is one way I can help effect change in the hospital. SDM allows those conversations to take place that help identify what is the latest EBP and look at whether those updated practices are appropriate for our patient population.

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**Outpatient Service Line**

**Name:** Debra Harper  
**Credentials:** BSN, MPH, CDE  
**Years as a nurse:** 23  
**Department:** Professional Practice/von Arx Diabetes and Nutrition Center  
**Why you joined SDM:** I joined SDM because I feel the more diverse the nurses participating in this process, the bigger the impact we will have on the decisions, policies and procedures that effect our nursing culture and practice at NCHHCS.

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**Procedural Service Line**

**Name:** Joanne M Loewel  
**Credentials:** BSN, RN, CDA  
**Years as a nurse:** 36  
**Department:** Cardiac Cath Lab  
**Why you joined SDM:** I wanted to continue to improve patient care through stream lining processes. I believe all nurses should have a voice in the daily routines that focus on direct patient care.

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**Surgical Service Line**

**Name:** Laura Cure  
**Credentials:** MSN, RN  
**Years as a nurse:** 30  
**Department:** Pre Op  
**Why you joined SDM:** I enjoy facilitating change for surgical services and working as a team with the council. I wanted to be a part of decision making in my department.

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**Woman’s and Children’s Service Line**

**Name:** Taylor Prohaska  
**Credentials:** ASN  
**Years as a nurse:** 1.5  
**Department:** Pediatrics  
**Why you joined SDM:** I am interested in SDM because I show an increased interest in volunteering my services to help improve the evidence based practice throughout the NCH community. I would like to be more involved in providing the best quality of care to each patient.
The nursing professional practice model (PPM), developed in 2015 by clinical nurses from diverse areas of the hospital, is a patient and family-centered framework that reflects NCH nurses’ \textit{values and beliefs} regarding their professional nursing practice. The elements that guide nursing practice include \textit{collaboration}, \textit{quality and safety}, \textit{innovation}, \textit{shared decision-making}, \textit{teamwork} and \textit{professional development}. These elements are aligned with measures of success to demonstrate how the PPM guides nurses in delivering optimal patient outcomes.

<table>
<thead>
<tr>
<th>PPM Elements</th>
<th>Measures of Success</th>
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</table>
| Collaboration              | Multidisciplinary committee outcomes
|                            | Nursing peer review findings                            |
|                            | Nursing strategic planning imperatives                  |
| Quality and Safety         | Nurse-sensitive indicator outcomes                      |
|                            | Performance improvement measures                        |
|                            | Core measure outcomes                                  |
|                            | Culture of safety survey results                        |
| Innovation                 | Evidence-based practice                                 |
|                            | Information technology solutions                        |
|                            | Research studies                                        |
| Shared Decision-Making (SDM)| SDM Council outcomes                                    |
|                            | NDNQI decision-making and autonomy metric               |
|                            | NDNQI overall engagement metric                        |
| Teamwork                   | NDNQI RN-to-RN interactions metric                     |
|                            | NDNQI RN-to-MD interactions metric                      |
|                            | Service excellence outcomes                             |
|                            | Nursing recognition awards                              |
| Professional Development   | Advanced degree rates                                   |
|                            | Professional certifications rates                        |
|                            | ASPIRE clinical ladder participants                     |
|                            | Nurse fellowship programs                               |
|                            | Nurse residency program outcomes                        |
|                            | Participation in professional organizations rates       |
|                            | Nurse manager academies                                 |
|                            | Charge nurse academies                                  |
|                            | NDNQI professional status metric                        |
|                            | Nurse sensitive indicators outcomes                     |
A care delivery system (CDS) provides the structure that defines operational processes, such as patient assignments and care delivery. It also identifies who is accountable and responsible for clinical outcomes and explains the relationship between the nurse and the patient/family. As demonstrated in our PPM, our care delivery system places the patient and family at the center of all aspects of care provision and helps us deliver the care most appropriate to our patients.

Our CDS is an extension of the PPM and represents the delivery of nursing care—how nurses care at NCH. The CDS is depicted in a Delta symbol, which is the fourth letter in the Greek alphabet. It represents change with “nurses” at the highest stable point, and “care” (how nurses provide care) and “environment” (where nurses provide care) as the foundation. Nurses make a difference in their patients’ and families’ lives, and these differences are reflected in the outcomes of care. The CDS is grounded on Jean Watson’s Human Caring Theory.

While nurses adopted Jean Watson’s 10 Caring Processes as the theory to guide care delivery, it was important that the processes were meaningful to the NCH nurse. Therefore, in April, June and July 2016, the Nursing Excellence Committee embarked on a journey to “apply” and “personalize” the 10 Caring Processes to the NCH nurse. The committee, comprised of staff nurse representatives, spent three committee sessions working in groups to translate each caring process. The goal of the exercise was to personalize the caring processes so that they were reflective of the culture of NCH and the nurse-patient and family relationship. The work of the Nursing Excellence Committee revealed that the caring processes apply to patients, their families and ourselves.
**Translating Theory into Practice**

**Assigning Nurses Based on Patient Needs**

Patient centered care is driven by the needs of the patient/family. Charge nurses oversee assignments and coordinate the care of patients to support patient needs.

**Partnering in Bed Meetings**

Charge nurses attend bed meetings daily to communicate with bed managers issues related to staffing needs, patient throughput, patient acuity, or other safety issues. Input from clinical nurses is used to allocate staffing resources or influence patient placement.

**Partnering during Bedside Shift Report**

Bedside shift report is used as a vehicle to ensure the patient and family are included in the development and evaluation of the patient plan of care. Partnering occurs with the patient and family and among nurses.

**Partnering during Rounds**

Interprofessional patient care rounds occur daily and include a review of the patient progress related to the plan of care. Collaboration among experts drives individuality in the plan of care.
Safety Huddles

Safety huddles have been used for years in various industries to mitigate, identify, and/or evaluate safety-related issues in the work environment. The staff on 5 South conduct daily safety huddles to discuss the state of the unit and patient risks. Patient safety serves as the foundation for huddles. Vulnerable patient populations are discussed and tactics are either implemented or altered to ensure a safe working environment for employees and safe healing environment for patients.

Evaluating Resources to Facilitate Care of Culturally Diverse Populations

Nurses are integral stakeholders in evaluating products that have patient care implications. The nurses on the shared-decision making councils at NCH have an active voice in the evaluation and selection of products. The Professional Practice Council (PPC) embarked on a comprehensive journey to assess the needs of staff and patients related to cultural diversity. The comprehensive assessment included a strengths, weaknesses, opportunities, and threats analysis (SWOT) analysis, a patient population demographic review, a literature review, and review and evaluation of existing internal and external resources. The assessment occurred over a six month period. The evaluation led to council recommendations for the implementation of an electronic program that would support and improve the care provided to patients of varying ethnicities, genders, ages, and religious status.
**Systems Address Patient Care & Concerns**

**Medicine Reconciliation**

The Medicine Reconciliation improvement project resulted from systems that monitor the efficiency of patient care. The aim of the project was to improve and facilitate the medication reconciliation process throughout the continuum of care to ensure that patients receive accurate medications with each encounter. The project members consisted of a large cross functional team of medical assistants, nurses, pharmacists, and physicians representing outpatient, the emergency department, and inpatient floors. Team members: Tuan Nguyen, MD, David Linz, MD, Jacquie Estes-Wertzheimer, ARNP, Kara Bianchini, RN, Kristin Rizzio, RN, Carlos Quintero, MD, Jenny Louwsma, RN, Victoria Davila, RN, Aimee Dewitt, IT, Aileen Adams, PharmD, Janine Baez, MA, & Cynthia Alejo, MA.

**Our Patients’ Voices:**

- **Pulmonary Rehab:** “All the people on the staff make you feel at home and they really care about you.”
- **Ambulatory Surgery:** “At each stage we were treated with respect and kindness. I was told what to expect from admission to discharge.”
- **Baker Emergency Department:** “You are looked at as a person, not a number. They are top notch.”
- **NCH Physician Group:** “Everyone in the team was excellent, friendly, and courteous. I would highly recommend them to anyone.”
- **North Naples Emergency Department:** “Excellent staff. It has been many years since I have been in a hospital, this was not what I expected. Thanks to the doctors and staff.”

**Patient Choice Awards**

The NCH Healthcare Patient’s Choice Awards recognizes leaders and respective units that have made favorable impacts on the patient experience. Teams are recognized for actively improving patient care outcomes and achieving target goals related to the patient experience.

**2016 Highest Performers:**
- Pediatric
- NCHPG Ambulatory
- Cardiac Rehab
- Pulmonary Rehab
- Emergency Department Northeast

**2016 Most Improved:**
- Emergency Department, North
- Ambulatory Surgery, Greentree
- Surgical Intensive Care, Baker
- Gulfview Suites
Welcoming New Members

New members to the nursing department receive a full orientation where they participate in a variety of individualized learning experiences. Orientation encompasses face to face learning, simulation, partnership with preceptors, and participation in assimilation programs based on clinical competency and experience.

2016 Orientation Attendees: 423

2016 New Hires

- Registered Nurses: 24
- Advanced Practice Nurses: 44
- Clinical Technicians: 63
- Patient Sitter Technicians: 16
- Unit Secretaries: 276
Nurse Residency Program

The Nurse Residency Program continues to support the successful assimilation of new to practice nurses. In 2016, 68 nurses participated in our residency program. Several nurses were hired directly into specialty areas including pediatrics, the emergency department, intensive care, labor and delivery, and the neonatal intensive care. Nurses participate in the residency program throughout their first year of practice engaging in both didactic and simulated learning. Retention rates for nurses in the program were 92% at one year of hire. Nurse residents have provided favorable evaluations regarding their experiences in the program and have demonstrated improvement in their comfort level performing various skills at the 6 month.

Preceptor Program

The preceptor development program prepares experienced nurses to serve as preceptors for all orienting staff. In 2016, 10 workshop topics were offered over 17 classes. Preceptors were required to attend two classes. A total of 389 preceptors attended the classes, with 116 nurses being new to preceptorship.

Fellowship Program

The fellowship program is an individualized transition program that offers additional support and clinical resources to experienced nurses or unique new graduates entering specialty areas. In 2016, 20 nurses were accepted into the fellowship program entering critical care, the emergency department, the operating room and women and children.
Spotlight on a Preceptor

Meet Valerie Borelly
BSN, CVRN-BC

As graduate nurses enter professional practice, one of the most influential persons in this transition is the preceptor. A preceptor guides and mentors the new nurse during a crucial transition period. Valerie Borelly, BSN, CVRN-BC serves as a preceptor to both new and seasoned nurses on 6 North at Baker hospital. Valerie is also currently engaged in the clinical ladder program.

What does your role as a preceptor entail? My role as a preceptor is to provide my preceptee with the knowledge and tools they need to provide safe and effective patient care.

What are requirements of a preceptor? As a preceptor, it important to be patient, understanding, and clinically knowledgeable.

What type of preparation did you receive to become a preceptor? My preparation included gaining experience on my unit and completion of the preceptor education modules and course.

“What I love being a key player in the preparation of the new nurse.”

What support did you receive during the 6 months that you were a preceptor? The educators frequently checked on me making sure that everything was going smoothly and encouraged me to voice concerns if needed. My nurse manager was also a great support.

What are the rewards of being a preceptor? Being a preceptor is very rewarding, I love being a key player in the preparation of a new nurse. The more comfortable they get, the more accomplished I feel. It’s a great feeling when you see your preceptee evolve from being nervous doing simple tasks to knowing they are prepared to be on their own.

What are some of the challenges of being a preceptor? Everyone learns differently, so as a preceptor I must determine the most effective learning style for each nurse I precept in order for them to get the most of the training.

Do you have any advice for new preceptors? Yes, remember what it was like starting out as a new nurse. Be the preceptor you wish you would have had.
Leading for Success

Jon Kling, BSN, MBA, RN, CCRN
Chief Nursing Officer

Jon joined NCH Healthcare System in 2003 as an RN and Clinical Care Coordinator for the intensive care unit. Since that time, he served in progressive leadership roles over 13 years, including the Director of Critical Care and Emergency Services, and the ACNO of operations for the Baker hospital. In 2016, he was promoted to the Interim Chief Nursing Officer. In his role, Jon has direct oversight of nursing operation throughout the health system, with responsibility for over 1000 FTEs.

“Leadership is about inspiring others to achieve great results.”

CNO Q&A

How would you describe your leadership style? I have been described by others as a servant leader. I strive to be fair and appreciate what everyone brings to the table.

Why did you pursue a career in nursing leadership? Nursing leaders are in the unique position to make impact on a larger scale. That notion inspires me.

What do you enjoy the most about your role? Working with great people who share my same passion.

What advice would you give to aspiring leaders? Take risks and don’t be afraid of coming out of your comfort zone.

What do you like to do in your spare time? I love spending time with my two daughters. Family is what it’s all about.

What is one thing about you most people do not know? Christmas is my favorite holiday.
Achieving clinical excellence means ensuring a workforce that has the knowledge, skills, and competencies to deliver the best care for the best outcomes. NCH nurses embrace life-long learning by pursuing formal and continuing education for professional development. Annual needs assessments offer insight regarding educational preferences and professional development needs. Programs are developed and are congruent with workforce needs.

<table>
<thead>
<tr>
<th>2016 Programs</th>
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</thead>
<tbody>
<tr>
<td># of Courses Offered</td>
</tr>
<tr>
<td># of Student Participants</td>
</tr>
<tr>
<td># of Course Completions</td>
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The Charge Nurse Academy

The Charge Nurse Academy is intended to offer nurses working in charge nurse roles the tools they need to be successful. Charge nurses attend four sessions covering roles and responsibilities, leading teams, communication strategies, conflict resolution, workflow, and patient safety.

CHARGE NURSE ACADEMY GRADUATES
Nurses Pursue Advanced Education

Nurses recognize the implications of attaining advanced education. Higher levels of nursing education have been empirically linked to better patient outcomes, including improved patient mortality. The department of nursing has set a strategic priority of achieving 80% of nurses academically prepared at the baccalaureate level by 2020. This goal has led to efforts across the organization in supporting achievement of our targets. This includes maintaining active academic affiliations with surrounding colleges and universities, offering tuition reimbursement, expanding nursing scholarship opportunities, and recognition of advanced education on the professional clinical ladder and during Nurses Week celebration. NCH is thankful to our generous patrons in the community who have donated funds that have provided scholarships to employees to pursue advanced degrees.

Earned Nursing Degrees

<table>
<thead>
<tr>
<th># of BSN RNs:</th>
<th>NCH North and Baker Hospitals</th>
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<tbody>
<tr>
<td>2013</td>
<td>315</td>
</tr>
<tr>
<td>2014</td>
<td>319</td>
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<tr>
<td>2015</td>
<td>462</td>
</tr>
<tr>
<td>2016</td>
<td>488</td>
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Scholarships Awarded in 2016

<table>
<thead>
<tr>
<th>Rice Nursing Scholarship</th>
<th>Allyn Nursing Scholarship</th>
<th>Breeden Nursing Scholarship</th>
<th>Friday Nursing Scholarship</th>
<th>Anders Memorial Scholarship</th>
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<tbody>
<tr>
<td>Elizabeth Plumley, RN Peds (BSN)</td>
<td>Lisabet Ogaza Ramirez, RN SICU (MSN)</td>
<td>Valerie La Richie, RN 5 NNH (BSN)</td>
<td>Alicia Maria Menning, RN 4S (BSN)</td>
<td>Tara Chadwick, RN CVOR (BSN)</td>
</tr>
<tr>
<td>Ehilliana Conde, RN 4N (BSN)</td>
<td>Kaitlen Magdalener, RN ED (MSN)</td>
<td>Sara Aschebrook, RN Behav Health (MSN)</td>
<td>Vancheska Koch, RN 5 NNH (MSN)</td>
<td>Pam Alexander, RN CVOR (BSN)</td>
</tr>
<tr>
<td>Aimee Costanza, RN 5S (BSN)</td>
<td>Lisa Nguygen, RN 5S (MSN)</td>
<td>Michelle Hoffman, RN OR (BSN)</td>
<td>Vanessa Fulton, RN 6S (MSN)</td>
<td></td>
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<tr>
<td>Janice Donahue, RN Education (MSN)</td>
<td>Stacee Burton, RN 4NNH</td>
<td></td>
<td>Jason Ensar, ED Tech (ADN)</td>
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<tr>
<td>Lu Xiaofang, RN (BSN)</td>
<td></td>
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<td>Sheena Villarraga, US CC (ADN)</td>
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<td></td>
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<td>Christopher Raphael, RN (MSN)</td>
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</table>
Professional Certification
Nurses who attain professional certification have demonstrated expert knowledge levels in their specialties. NCH supports professional certification attainment through our continued partnership with the ANCC Success Pays program and through the provision of no-cost onsite review courses. Nurses are celebrated for their achievements annually during Certified Nurses Day.

# of RNs with Specialty Certification:
NCH North and Downtown Hospitals

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
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<td>184</td>
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Professional Certification Courses Offered
- ANCC Medical/Surgical
- Maternal Newborn Nursing
- Geriatric Nursing
- Inpatient Obstetrics
- Stroke

Nurses were honored for their professional certification status during Certified Nurses Day- March 19th
The Competitive Landscape

The nursing landscape is competitive, offering nurses abundant employment opportunities and options. Destination organizations seek to hire the best, most qualified employees who can favorably contribute to the organizational culture. Our goal of hiring the most qualified nurses supports the vision for ensuring robust monetary and non-monetary incentives for all employees. Nurses at NCH enjoy both monetary and non-monetary incentives that include tuition reimbursement for advanced degrees, shift wage differentials and differentials based on experience, professional certification support, relocation assistance, professional development opportunities, health and wellness programs, and recognition programs.

John Rodgers (Assist Director), Phil Dutcher (COO), Erin Raney (Nurse Manager), and Mike Miller (Nurse Manager) recognize nurses who have advanced on the professional clinical ladder.

Andrew Cooke, RN Orthopedic Unit

The 4 South Team
The annual ASPIRE celebration recognizes nurses who achieve advancement.
NURSES ARE RECOGNIZED FOR ACHIEVEMENTS

Congratulations NCH Award Recipients!
2016 Nursing Awards

NURSE OF THE YEAR

Melissa Kieffer, RN
4 South

Grant Evans, RN
Northeast ED

Jennifer Miller, RN
5 South

Nicole Millich, RN
Brookdale

THELMA HODGES NURSE MENTOR OF THE YEAR

Diana Valdivieso-Rincon, RN
5 South

Barbara Bursey, CT
4 North

April Linn, US
Float Pool

RISING STAR

Danielle Sewell-Medina RN
4 North Naples

SUPPORT SUPER STAR

Steven VanDeilen, CT
5 North Naples

Diana Mireles, US
Northeast ED
DAISY Award 2016 Recipients

January ................................................................. Valeria Borelly RN, 6 North
February .............................................................. Monica Padilla RN, PEDS
March ................................................................. Elena Wilson RN, L&D
April ................................................................. Erin Doyle RN, DTN ICU
May ................................................................. Linda Poppenwimer RN, NNH PACU
June ................................................................. Jan Chapman RN, Mother/Baby
July ................................................................. Stephanie Ghanti RN, DTN Cath Lab
August ............................................................... Matthew Bombace RN, 4N
September ........................................................ Suzanne Gueritey, 4n/6N
October ............................................................. Agnieszka Vaughn, L/D
November .......................................................... Fran Desir, 4N
December ............................................................ Kelli Greening, 5N

Team Award May 2016 ................. North Naples Hospital Emergency Department

North Naples Emergency Department Honorees and Team Leader:
Back row from left to right: Gina Teegarden, RN, ACNO, BSN, BHA, MBA; Miguel Pascal, RN; Marguerite Kirkland, ED Tech; Denice Burke, Unit Secretary; Julia Cannon, RN; Peggy Munson, RN; Tammy Toney, RN, CEN, TCRN; Jacqueline Chuck, RN, BSN.
Front row from left to right: Lori Davis, RN; Hollie Masino, RN, BSN; Betsy Novakovitch, Director of Emergency Services, MSN, RN, CEN; Team Leader Christopher Raphael, Asst. Director, RN, BSN, CCRN, CNML; Ilia Echevarria, ACNO, PhD, MS, RN, CCRN, NEA-BC, CENP, CHES; Genevieve Gallogly, ED Tech.
Celebrating and Recognizing our Amazing Nurses during Nurses Week

Dr. Jean Watson presents “Caring passage to the heart” during Nurses Week. Dr. Watson’s Theory of Human Caring underpins the nursing care delivery system.

Nurses Week Breakfast at North Naples

The Cardiac Telemetry team shares stress relief “goodies”

Nursing Excellence Award dinner at Naples Beach Club
Seasonal Nurses are important members of the NCH family. Many leave their permanent residences to join us during our busiest season. Several of our nurses have been coming back for years and are truly devoted and committed to serving the patients of our community. We offer well wishes annually to our seasonal nurses to demonstrate our appreciation for their hard work and commitment.

Thank You Seasonal Nurses!
On our Journey to Magnet Excellence...

Magnet designation is offered by the American Nurses Credentialing Center (ANCC) and signifies superior nursing processes and quality care which leads to the highest patient outcomes. In September 2016, the (ANCC) officially accepted NCH’s Magnet application. We are now well on our journey to Magnet excellence as we prepare our document with a submission goal of June 2018.

NCH Employees Celebrate the Magnet Application Acceptance

DOCUMENT WRITING TEAMS

Organizational Overview:
Ilia Echevarria
Teresa Golden
Paul Clarke

Transformational Leadership:
Betsy Novakovich
Jeff Sander
Bernie Hinton
Erin Raney
John Rodgers
Sarah Wu

Chesina Carranza
Kristen Miller
Marcia Swasey
Carolyn Smith

Structural Empowerment:
Lisa Fletcher
Kathy Feeny
Cathy Ravelo
Barbara Cornett
Lisa Fletcher
Cheryl Holderfield
Kathy Feeny
Chris Raphael
Cathy Ravelo
Hazel WynterJones
Barbara Cornett
Sue Graziano
Erica Szczepkowski

Exemplary Professional Practice:
Susan Kimper
Kevin Smith
Carolyn Smith

Cathy Brockman
Maxine Rudison
Ann Mellema

New Knowledge and Innovation:
Marie Hageman
Angela DaVaney
Steve Cook
Liz Barely
Erin Raney
Wendell McClure
Teresa Morrison
Barbara Desrosiers

HL
Edie Alteen
Brenda Hartman
Aimee Karnes
Maureen Baldia

Congratulations NCH
Pathway to Excellence...

Pathway to Excellence recognizes hospitals who have met 12 rigorous practice standards that are essential for positive practice environments where nurses excel. 2016 marked NCH’s 3rd year as a Pathway to Excellence designated hospital. In September 2016, the ANCC accepted NCH’s document for re-designation and advanced NCH to the survey phase; the final phase in achieving re-designation. Let’s go NCH nurses...we can do it! Take the Pathway 2.0 survey in 2017 and celebrate your accomplishments!

Rallying the troops for re-designation document submission

NURSING EXCELLENCE CHAMPIONS
The Nursing Excellence Champions have been integral in introducing evidence-based practices that improve nursing professionalism and the practice environment.

Kara Austin, Peds
Kara Bianchini, Baker ED
Charles Callahan, NE ED
Cerasela Casapu, 5S
Carmen Cryslor, OR
Jacqueline Danet, NICU
Susan DeAngelis, Marco
Lisabet Girr, Education
Marolyn Heatwole, Peds
John Holloway, NNH ED
Tracy Keith, 4S
Jo Loewel, Cath Lab

Sandra Mena Chavez, 6S
Nicole Millich, Brookdale
Ruby Montefalcon, L&D
Margaret Murray, 4 S
Jessica Palumbo, Research
Susan Robbins, CVRU
Christine Rosemer, 4E/2E
Danielle Scherer, 6S
Debbie Sousa-Van Veen
Kim Stead, CRN
Kelly Trapp, 4 E
Susan VanGement, NICU
Ellison Warner, ICU
Live Longer, Better

Serenity rooms designed by nurses on 4 North Naples and 4S Baker provide a reprieve for restoration

A Balanced Life Style is encouraged

- NCH is an approved Blue Zone organization!
- NCH offers secrets to longevity through BLUE ZONE initiatives
- Simple guidelines of increasing physical activities into daily work and life without resorting to “exercise”
- Nurses have the opportunity to join 25 walking Moai social support groups, take 17 culinary classes for better recipes and are encouraged to use the Briggs Wellness Center

Sue Graziano, Nurse Director, lectures nurses on stress management
Collaborative Relationships are Valued and Supported

Nursing Peer Review

The American Nurses Association (ANA) defines peer review as “a process by which practicing registered nurses systemically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice” – ANA. (1988). *Peer Review Guidelines*

Nursing peer review at NCH evaluates nurses at all levels against professional standards that are integrated with the nursing professional practice model. Peer review increases nurses autonomy, accountability and professionalism and influences the effectiveness and efficiency of care delivery.

**Key Elements of Peer Review Structure**

- ANA Peer Review Practice Principles
- ANA Code of Ethics
- ANA Nursing Scope and Standards of Practice
- NCH Professional Practice Model
Improvement Science and Technology

Nurses Participate in Creating Value for Patients

The lean transformation office partners with multidisciplinary teams to work on projects that improve efficiency and reduce waste. Nurses are key stakeholders in the projects. Two projects highlighted below are the tube medication handling and the room reconfiguration projects.

Tube Medication Handling
The aim of this project was to teach the project team structured problem solving methods, while applying it to an operational improvement. In this case, the team worked on an improvement of how tubed medications are handled on their floor. Team members: Morgan Alpert, RN Ana Cain, RN and Joyce Lima, RN.

Baker Hospital 5N Room Reconfiguration Project
The aim of the project was to identify and implement opportunities to reconfigure minor items in a patient room to improve RN and CT workflow and to reduce room clutter. Team members: Susan Grube, RN, Lisa Britten, RN, Samantha Marshall, RN, and Donna Lee, Infection Prevention.

CHF Technology Supports Patients

Congestive heart failure (CHF) is one of the leading causes of hospitalization for the elderly patient. As an innovative approach to reducing readmissions for these patients, NCH engaged in a CHF remote monitoring nursing research study spearheaded by Jessica Palumbo DNP RN.

Utilizing technology, complemented with a home monitoring system, the CHF patient is discharged home and is able to actively participate in his or her care. The monitoring technology recognizes early changes, allows for follow-up phone calls, telephone support, and patient education.

The post-hospital treatment plan is cost-effective and has resulted in positive patient outcomes, keeping patients out of the hospital with improved symptoms.

“By treating patients in their home, the patient and their family is involved in their care; just being able to see how engaged they are, allows me to know that our team is making a difference”

Jessica Palumbo, DNP, RN
Research Coordinator
The Cerner Interdisciplinary Plans of Care (IPOC) solution was a significant Nursing IT project in 2016. Ten clinical nurses and representatives from Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Dietary, Wound Healing and IT were members of this team. The team’s goal was to design and implement meaningful electronic IPOCs that were consistent with current evidence based practice, derived from patient problems, and individualized to meet the patient’s needs. The new solution went live with 40 IPOC’s on August 30th 2016 and since has been expanded to include 6 new IPOCs for behavioral health. Data were collected electronically pre and three months post go-live to measure the effectiveness of this new technology on Brookdale (acute rehabilitation) and SCN. These were the two units having had IPOCs prior to the new solution. This data allowed the team to identify if the new functionality of the system suggesting an ICP improved the timeliness of care planning.

Integration with the Professional Practice Model

The interdisciplinary approach to IPOCs fosters collaboration with other disciplines to ensure a well-developed personalized plan of care. By incorporating indicators and appropriate interventions, nurses strive to ensure safety and improve the quality of patient outcomes. Through innovation, the IPOC process was designed to support an electronically integrated plan of care. The newly designed IPOC process was developed through shared decision making, with input from nurses from various departments. Teamwork is important in the IPOC process as the nurse works collaboratively with others to ensure that each patient meets the desired goals of the personalized plan. Professional development is enhanced through the adoption of published best practice recommendations into the IPOC content.
Nurse Managers are Competent and Accountable

Edie Alteen  
BSN, RN, CCRN, CNML  
Critical Care

Elizabeth Barley  
MSN, RN  
Infusion Services

Cathy Brockman  
BSN, RNC-OB  
Labor & Delivery

Christina Carranza  
MSN, RN-BC  
Cardiac Telemetry

Angela DeVaneey  
BSN, CVRN-BC  
Cardiac Telemetry

Sarah Bell  
BSN, RN  
Cath Lab

Maria Feola  
BSN, RN  
Rehab

Lisa Fletcher  
MSN, RN-BC  
Nurse Residents

Elizabeth Gutierrez  
BSN, RN, SCRN  
Med/Surg Telemetry

Jeannie Kellogg  
MHL, RN, LHRM  
Risk Management

Marie Hageman  
MSN, RN  
Obstetrics

Kristin Miller  
MSN, RN, CVRN-BC  
Neuro Services

Michael Miller  
BSN, RN, CPAN, CNML  
PACU-Baker

Erin Raney  
BSN, RN, CNML  
Orthopaedics

Catherine Ravelo  
MSN, RN, CNML  
Pediatrics

Jennifer Ringle  
MSN, MSA, RN, CCRN  
Critical Care

Jeff Sander  
BHA, BSN, RN  
Critical Care

Carolyn Smith  
BSN, RN, OCN  
Oncology

Marcia Swasey  
MSN, RN  
General Surgery

Hazel Wynter-Jones  
MSN, MBA, RN, HCM  
Interventional Radiology

* Not pictured: Susanne Elduayen, BSN, RN, CNOR, PACU-North
Nurse Manager Academy

Nurse managers engage in leadership development opportunities through various programs. These include the Mayo-NCH leadership session, the nurse manager academy, project development through the lean transformation office, and leadership seminars offered by the executive team. The nurse manager academy has graduated over 20 nurse managers to-date since inception. The program is held over 6 months and is a combined didactic and online immersion based on the American Organization of Nurse Executives (AONE) essentials of nurse manager orientation. Classroom sessions are offered by senior executives and other senior leaders in the organization.

2016 Nurse Manager Graduates: (left to right) Cathy Brockman, Lisa Fletcher, Elizabeth Gutierrez, Marie Hageman, Kathy Feeney, Christina Carranza. Other graduates not pictured: Hazel Wynter-Jones, Jeff Sander, Elizabeth Barley

Nursing Leadership Retreat
In June, the nurse manager and nurse director team participated in a leadership retreat that offered: team-building, stress management, and an exercise to delignate tasks and role priorities. The leaders also participated in a leadership style inventory and learned about self and team members’ leadership styles and associated responses to change.
A Quality Program and Evidence-Based Practice are Used

NICHE (Nurses Improving Care for Health Systems Elders)

NICHE (Nurses Improving Care for Health System Elders) is a nurse driven program designed to help hospitals and healthcare organizations improve the care of older adults. The vision of NICHE is for all patients 65 and over to be given sensitive and exemplary care. We attained NICHE designation in 2016. Attaining designation signifies NCH nurses commitment to providing the best care to elders in our community.

ANCC Certified Nurses of Gerontological Nursing

- Karen White, BSN RN GRN
- Laura Cure, BSN RN GRN
- Janet Jesulaitis, BSN RN GRN

Quality and Safety Accomplishments:

- Exceeded target in 8 out of 8 quarters for central line infection rates for > 50% of clinical units
- Exceeded target in 8 out of 8 quarters for catheter-associated infection rates for > 50% of clinical units
- Achieved advanced primary stroke center recertification through the Joint Commission
- Achieved advanced hip replacement recertification through the Joint Commission
- Achieved American Heart Association Get with the Guidelines-Stroke Gold Plus Quality Award

“The nurses at NCH work to safeguard that the care provided to the 65 and over population promotes function, autonomy, and dignity.”

- Colleen Gross, MS, RN, NP-C, Geriatric Coordinator
Research and Performance Improvement Presentations


- Austin, K., Fletcher, L., & Ravelo, C. (2016). *Pediatric sedation scale*, Poster Presentation, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)

- Callahan, D., Keazer, D., Conn, J., Kagarise, D., & Barley, E. (2016). *Tissue-type plasminogen activator usage and PICCS*, Poster Presentation, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)


- Echevarria, I. (2016). *Leadership experience, emotional intelligence, and transformational leadership of nurse managers*, Poster Presentation, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)

- Echevarria, I. (2016). *The relationships among education, leadership experience, emotional intelligence and transformational leadership of nurse managers*, Podium Presentation, The Leadership Connection, Sigma Theta Tau International, Indianapolis, IN (September)

- Echevarria, I. (2016). *Creating and sustaining a culture of safety*, Poster Presentation, Florida Nurses Association (FNA), 2nd Annual Research and Evidenced-Based Conference, Orlando, FL (July)


- Fletcher, L. (2016). *Evaluation of nurse residency & transition program*, Podium Presenter, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)

Erin Raney, BSN, RN, CNML, Diana Valdivieso-Rincon, RN, & Katie Matthews, BSN, RN accepted the poster award at the Francine Gomberg Research Conference, Fort Myers, FL

Christina Carranza, MSN, RN-BC & Jenny Louwsma, BSN, RN present at the Francine Gomberg Research Conference, Fort Myers, FL
• Flipsie, C., Horn, D., & Hageman, M. (2016). *Encouraging exclusive breastfeeding in new mothers*, Poster Presentation, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)


• Monaco, C., James, V., Royer, N., Louwsma, J., & Carranza, C. (2016). *Transforming care and decreasing falls, one leaf at a time*, Poster Presentation, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)

• Ringle, J. (2016). *Round and round we go; A new approach to multidisciplinary rounds*, Guest Presenter, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)

• Smith, K. (2016). *Sustaining a successful alarm management program*, Podium Presenter, Francine Gomberg Research and Evidence-Based Practice Conference, Fort Myers, FL (October)


• Smith, K. (2016). *Sustaining a successful alarm management program*, Podium Presenter, AAMI Regional Conference, Chicago, IL (September)

• Smith, K. (2016). *Sustaining a successful alarm management ecosystem*. Podium Presenter, Cerner Health Conference, Kansas City, Kansas (November)

• Smith, K. (2016). *Minimizing alarm fatigue with data in daily shift reports*, Podium Presenter, HIMSS Conference Las Vegas, NV (March)


Betty Welliver, BSN, RN, CVRN-BC & Amanda Fetchko, BSN, RN, CVRN-BC. The FNA 2nd Annual Research and EBP Conference, July
In the Community

Nursing Preseason Fall Kickoff Event: Can goods drive

4S Oncology Fashion Show Fundraiser
Friends of Nursing

Just as we rely on nurses for great care, they rely on us to further their profession. They need specialized training, advanced education, updated technology, and specialty certifications to do their jobs even better. You can help. The NCH Foundation aims to raise money for the Friends of Nursing Fund, a special fund setup just to benefit the needs of NCH nurses.

Your gift today, no matter the size, will:
- Support nursing recognition programs
- Fund innovative research initiatives
- Further professional development
- Equip staff with the latest technology

In appreciation for your generous gift, your name will appear on our website as an NCH Friend of Nursing. Your help will ensure that NCH nurses get the recognition, education, and support they deserve.

Let’s give back to those who give so much!

For additional content, please visit our website at www.NCHMD.org/NursingFund

SUPPORT THE NURSES IN OUR COMMUNITY